ADULT FOSTER HOME EMPLOYEE RECORD

AFC Provider: Date:

Employee Name AND Personal address, phone, date of birth.	Date Hired / Left	Date of Initial Site/Resident Contact	Position	Annual VA trng (last two most recent trg dates)	BCA/Net Study (submit date)	Needs More Time Notice or DQ	Clearance Date From DHS

Updated 9-2010.SLC Licensing paperwork